MECHANIC	AL DISTI	RIBUTION	SUMMARY	PERFORMANCE	USE ONLY MECH-5
PROJECT NAME					DATE
SITE ADDRESS					PERMIT NUMBER
VERIFIED DUCT	TIGHTNESS	BY INSTALLE	R		
☐ DUCT LEAK	AGE REDUCT	ION Pressuriza	ntion Test Results (Aer	osol or Manual	Sealing) CFM @ 25 PA
				Measured Values	
Fan Flow			Test Leakage (CFM	1)	
If Fan Flow is Calculated as 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity in Thousands of Btu/hr, enter calculated value here					
Leakage Fraction = Test Leakage / (Calculated or Measured Fan Flow)					
Check Box for Pass or Fail (Pass = 6% or less of Leakage Fraction)				Pass Fail	
Tests Performed	Signature	Date	Installing Subcontractor (Co. Name) OR G	eneral Contractor (Co. Name)
HERS RATER C	OMPLIANCE	STATEMENT			
☐ BUILDING TE	ESTED Pressu	rization Test Res	ults (Aerosol or Manua	al Sealing) CFM	@ 25 PA
	ling diagnostic testi	ng and field verification	-		form complies with the diagnosti
Supply Duct R-value Return Duct R-value	(R-valu				
☐ Distribution sys	tem is fully ducte	d (i.e., does not us	e building cavities as ple	enums or platfor	m returns in lieu of ducts)
		esive duct tape is i pe to seal leaks at		wbands are use	d in combination with cloth
☐ Minimum Requ	irements for Duc	Leakage Reduction	on Compliance Credit	Measured	1
				Values	
			Test Leakage (CFM	1)	
Fan Flow	··:- O-ll-tl	100 - f /		1	1
If Fan Flow is Calculated as 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity in Thousands of Btu/hr, enter calculated value here					
If Fan Flow is Measured, enter measured value here					
Leakage Fraction = Test Leakage / (Calculated or Measured Fan Flow)					
Check Box for Pass or Fail (Pass = 6% or less of Leakage Fraction) Pass Fai					
Tests Performed	Signature	Date	HERS Rater (Name)		

COPY TO: Building Department, HERS Provider (if applicable), and Building Owner at Occupancy